

Commonwealth of Kentucky
Office of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
Phone (502) 564-4850
Fax (502) 564-1442

NOTICE OF SURRENDER OF RETAIL LIQUOR LICENSE

I am the owner or an officer of the corporation owning the retail _____ liquor license number _____. I do not wish to pay the state annual renewal fee for this license and I hereby surrender said license. I understand that by doing so I relinquish all rights and claims to this license privilege issued for the premises located at- _____ in _____, Kentucky.

Signature X _____

Print Your Name _____

Address of Premises _____

City of _____ Kentucky.

PLEASE ATTACH YOUR LICENSE AND RETURN TO THIS OFFICE.